

L19000259037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

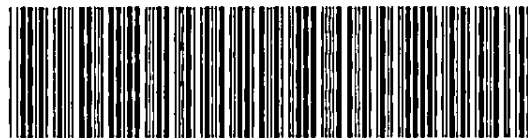
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800338251368

12/30/19--01015--022 **55.00

FILED
2019 DEC 30 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/CHG/CC

JAN 23 2020
1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDSOLUTIONS SERVICE LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DELIA M PEREZ

Name of Person

MEDSOLUTIONS SERVICE LLC

Firm/Company

15445 SW 75 ST

Address

MIAMI FL 33187

City/State and Zip Code

deliaperez@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DELIA PEREZ NUNEZ

786

281-4977

Name of Person

at (_____) _____
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: MEDSOLUTIONS SERVICE LLC
2. (a) 15445 SW 175 ST MIAMI FL 33187
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 15445 SW 175 ST MIAMI FL 33187
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 10/15/2019 Date of filing/registration in Florida
4. L19000259037 Document number

5. (a) DELIA M PEREZ
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
15445 SW 175 ST
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33187

- (b) DELIA PEREZ NUNEZ
Enter name of NEW Registered Agent and/or NEW Registered Office address:

15445 SW 175 ST

NEW Registered Office Address:

MIAMI, FL 33187

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Delia Perez Nunez
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
2019 DEC 30 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA